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INTRODUCTION

Opportunity for every child to obtain the essential elements of wholesome, healthful living—good nutrition, healthful recreation, and sufficient rest—and to learn to give due value to physical, emotional, and intellectual development; not only from the point of view of his personal welfare, but of the welfare of those who surround him.

This is one of the objectives of the Americas for their children, as stated in the Final Act of the Eighth Pan American Child Congress, which met in Washington in May 1942. The act further states:

To this end it is necessary to safeguard the physical and mental health of the child . . . for which the following are required:

(a) Adequate nutrition.

(b) Periodic medical and psychological supervision, and medical care during illness.

(c) Expert guidance in recreation.

(d) Adequate rest.

(e) Guidance in the proper formation of the personality, in all its aspects.

(f) Preparation for life in the community.

Facing the challenge of wartime conditions within the United States, the Children's Bureau Commission on Children in

Wartime adopted A Children's Charter in Wartime, which begins with the following words:

We are in total war against aggressor nations. We are fighting again for human freedom and especially for the future of our children in a free world. Children must be safeguarded—and they can be safeguarded—in the midst of this total war so that they can live and share in that future. They must be nourished, sheltered, and protected even in the stress of war production so that they will be strong to carry forward a just and lasting peace.

Action to attain this objective—to safeguard our children by providing for every child opportunity to obtain the essential elements of wholesome, healthful living—must be founded upon certain basic information about our children, about their health needs, and about how these needs can be met and are being met. Some of this information has been gathered together in—

FACTS ABOUT CHILD HEALTH

FACTS ABOUT CHILD HEALTH

How Many Children Are There in the United States?

Children under 20 comprise slightly more than one-third of the total population of the Nation; those under 15 comprise one-fourth.

Final figures from the 1940 census show 45,305,604 persons under 20 years of age in the United States, grouped by ages as follows:

Under 5 years of age	10,541,524
5 to 9 years	10,684,622
10 to 14 years	11,745,935
15 to 19 years	12,333,523

The White House Conference on Children in a Democracy (1940) stated: "For numbers alone, if for no other reason, these voteless fellow citizens who hold the national future in their bodies and minds are necessarily a first interest of the Nation."

How Many Babies Are Born in the United States?

In 1941, the latest year for which figures are available, 2,513,427 infants were born alive in the United States. This is a birth rate of 18.9 per 1,000 population. In 1915, when the birth-registration area was first established, the birth rate was 25.

The trend in the birth rate in the United States was downward for many years. The decline reached its low point in 1933, when the rate was 16.6.

Year:	*Births*	*Birth Rate*
1933	2,081,232	16.6
1934	2,167,636	17.2
1935	2,155,105	16.9
1936	2,144,790	16.7
1937	2,203,337	17.1
1938	2,286,962	17.6
1939	2,265,588	17.3
1940	2,360,399	17.9
1941	2,513,427	18.9

How Are These Children Distributed?

There are more children in proportion to the number of adults in the productive age groups in some parts of the country than in others. Counties having an extremely high ratio of children to adults are located, in the main, in the Southeastern States.

The latest available data (final figures from the 1940 census) show that among the geographic regions the ratio of children under 20 years of age to adults 20–64 years of age varied as follows:

	Children to 100 adults		*Children to 100 adults*
Far West	44	Northwest	64
Northeast	51	Southwest	70
Middle	54	Southeast	77

For the most part, areas with the lowest level of income carry relatively the heaviest load for child nurture and education.

The number of children of school age in relation to adults 20–64 years of age is lowest in cities of 100,000 or more and is also low in small cities. It is higher in rural nonfarm areas than in cities and is highest in farm areas.

In every region of the United States except the Far West the farm population has a percentage of children of school age far in excess of its percentage of the national income. Since the dominant feature of migration within the United States in recent years has been the movement from farms to cities, it is as important to cities as to rural areas that children in rural areas receive adequate care.

What Does a Child Need for Health and Growth?

To be well born.—Heredity determines certain of a child's characteristics, such as the color of the eyes and hair. Heredity is also a factor in the size of the child. Short, stocky parents should not be surprised that their child is not so tall as one whose parents are tall and slender. Heredity plays a role in many other ways.

Being well born depends also on the health of the mother during the prenatal period and upon the child's being born safely. In order that the baby may have the best possible chance of starting out in life with a well-developed body the mother's health must be protected during pregnancy. She must be assured proper food, exercise, and rest. If abnormalities develop they must be recognized early and the necessary steps must be taken to correct them.

In order that the baby may have the best possible chance of being born safely, without injury, the delivery must occur under safe conditions, with a skilled attendant who knows in advance whether any difficulties are to be expected and is prepared to meet them.

To be well housed.—For the child's health, good housing means freedom from undue crowding in the home, fresh air, warmth, sunshine, quiet, and cleanliness. It means a neighborhood where a pure water supply is available and where there are proper provisions for disposal of excreta and garbage.

To be well fed.—For the young infant, being well fed means having his mother's milk, if possible, or cow's milk (made safe by boiling) in a mix-

ture suited to his individual needs. Vitamins that promote health and the development of a sound body should be supplied early by giving cod-liver oil and orange juice or their substitutes in the proper amounts. As the baby grows older, other essential foods are added to his diet, but milk remains important. Good food habits should be developed during infancy.

After infancy, being well fed means that the child has foods in sufficient variety and amount to provide for all the needs of his growing body. It means good food habits.

To have good daily care.—The child is well cared for if he is loved, if he is kept comfortable and clean, if he is helped to learn good health habits, and if he is given the opportunity to develop his growing powers.

Keeping a child comfortable means attention to such things as suitable clothing, bedding, room temperature. Cleanliness is important, but keeping a child clean does not mean that he should not be allowed to get dirty in active play.

To develop good health habits, the baby should from the first have regular hours for eating, sleeping, sunshine, and play, but the schedule should be flexible and adjusted to his individual needs. Later, good habits of outdoor exercise and personal hygiene must be established.

In order that he may develop his growing powers to their full capacity, the child needs opportunities for activity, play, and companionship. He needs a chance to learn independence; he needs guidance in directing his activities into proper channels; and he needs education.

To be protected against disease.—Against some diseases, the only protection possible is to make sure that the child's feeding and care are adjusted to his needs. Against communicable diseases, avoidance of exposure is important: A child should be kept away from persons known to have colds or other communicable diseases; young children should be kept away from crowded places.

For a few diseases, specific methods of protection are available. Every child should be immunized against smallpox and diphtheria during the first year of life.

Smallpox is a serious disease. Even though there is no known smallpox in the community, exposure may occur at any time. In these days of rapid travel, a person who has been exposed to smallpox in one community may travel to another community far distant before he knows that he is developing the disease and is capable of spreading it.

Vaccination against smallpox is simple. Every baby should be vaccinated during his first year. The child should be vaccinated again when he is 6 years old and when he is 12, or at any time if an epidemic of smallpox occurs. If there is any reason to doubt whether a child is immune, it is wise to vaccinate him again.

Diphtheria is another serious disease against which special protection can be given. For immunization, plain toxoid in three injections or

alum-precipitated toxoid in two or three injections is given at 4-week intervals. Six months after the last dose a Schick test should be given; for the occasional child who has a positive Schick test one or two more injections of toxoid will be needed.

Diphtheria immunization should be started when the child is 9 months old. If it is not given then, it should be started as soon thereafter as possible. At the time he enters school the child should be given a reinforcing inoculation against diphtheria.

Many doctors recommend that inoculations to immunize the child against tetanus and whooping cough also be given during infancy.

To receive proper treatment for defects or illness.—If a child has any physical defects, it is important that they should be recognized early and corrected at the most suitable time. Defects that could be corrected often impair a child's health or limit his activities. If they are recognized early, it may be possible to correct them before they become serious.

Dental defects are common in children. They should be corrected promptly, since dental health is an integral part of general health.

The sick child needs diagnosis and appropriate treatment. If these are given early, more serious illness may be prevented.

To learn how to protect his own health.—Health education begins with learning good health habits. As the child grows older, he needs to learn what is important for the protection of his health in order that he may assume an increasing share of the responsibility every individual has—to maintain himself in the best possible state of health.

By Whom Must the Health Needs of Children Be Met?

By the parents.—It is the parents who provide the child's daily care and who are responsible for seeing to it that every possible measure is taken for the protection of his health. Parents alone cannot meet all the child's health needs. In order that they may plan wisely for the child's care from day to day and may know what measures are important for the protection of the child's health, they need guidance from persons whose special training equips them to give such assistance. Certain measures for health protection cannot be carried out by the parents themselves because technical training or special facilities are required. But it is the duty of the parents to make the best possible use of such expert aid as is available to them to the end that all the child's health needs may be met.

With the aid of the doctor.—The doctor is the expert to whom the parents should turn for guidance and assistance in anything that pertains to the health of the child.

The doctor should examine the mother early in pregnancy, supervise her health throughout the prenatal period, and treat her for any abnormalities that occur. It is the doctor who can give skilled care at the

baby's birth in order that the child may have the best possible chance of coming into the world safely.

The doctor who is experienced in the care of children is the person who can best judge what foods are specially suited to the child's needs during infancy and what special care the child may need. In infancy and throughout childhood it is the doctor who can tell, by careful examination, whether the child's health needs are being met and whether defects exist that should be corrected. It is he who can advise the parents about the child's health habits and about protecting him from disease. He can give the immunizations that will make the child safe from certain diseases. Only he can give the medical or surgical care necessary for correction of defects or cure of disease.

There are times when the general practitioner needs advice and assistance in the care of the mother or child. For such times there should be available the consultation services of specialists in the various medical and surgical fields, including obstetrics, pediatrics, internal medicine, and dentistry.

With the aid of the public-health nurse.—The public-health nurse can help the parents to protect the child's health in many important ways—by explaining and demonstrating how to carry out the doctor's recommendations; by helping the doctor to know the special needs of the mother and child; by aiding the doctor when the baby is born and by giving expert care to the mother and baby in the days that follow; by teaching the mother how to care for the baby and aiding her in establishing routines for the care so that her responsibilities for the well-being of all members of the family may be met most effectively; by guiding the parents in securing any special types of assistance they require.

With the aid of the dentist.—Among the most common of the physical defects that should be recognized and treated promptly during childhood are those of the teeth. Early and regular dental care is so important to the health of the child that all parents should have the assistance of a dentist in meeting the child's health needs. No one else can make the repairs necessary to prevent tooth decay from advancing rapidly.

With the aid of the hospital.—In many serious illnesses of children and in conditions requiring surgical treatment or in obstetric emergencies, hospital care for the child or the mother may be essential for recovery. A good hospital, equipped to give suitable care to maternity patients and to infants and children, with obstetricians and pediatricians on its staff, gives assistance of a type that most families are likely to need at some time.

With the aid of other experts.—There are other types of special assistance that parents may need from time to time as special situations arise and for which they should be able to turn to experts—to the nutritionist, who can advise regarding the child's food requirements and the selection, purchase, and preparation of foods; to the mental hygienist, who can

advise regarding problems of behavior and management; to the social worker, who can advise regarding problems of family adjustment.

Certain types of assistance are indirect. The housing authority and the sanitarian who are engaged in improving the living conditions in the community give services that help to meet the child's needs to be well housed and well fed, though often the parents are scarcely aware of their activities.

How Can All Children Have Their Health Needs Met?

Most children have parents who are eager to give them every opportunity for health. But not all parents can by their own efforts obtain the assistance they require in meeting their children's health needs. In order that all children may have their rightful opportunity for health, health departments are making assistance to parents more and more available.

The local health departments of most cities and many counties have physicians and public-health nurses on their staffs who give all or much of their time to health services for mothers and children. In some areas where the health department does not provide these services, the town, the county, or the school board employs at least one public-health nurse to give some measure of protection to the health of mothers and children. These needed services are comparatively rare, however, in the smaller towns and rural areas.

The maternal and child-health services that are most frequently offered by health departments include the following:

Prenatal clinics conducted by physicians, with the assistance of public-health nurses, to provide medical and nursing supervision and instruction for expectant mothers.

Child-health conferences conducted by physicians, with the assistance of public-health nurses, to provide medical and nursing supervision for infants and young children and instruction to their parents regarding the care of the children.

School health services to safeguard the health of school children by medical and dental examinations, by nursing supervision, and by the teaching of hygiene.

Home visiting by public-health nurses to advise parents regarding the care of their children and to demonstrate to them how such care may be given, also to assist the expectant mother to protect her health and plan for her confinement.

Immunization services to protect children against smallpox and diphtheria. These services are frequently given as a part of the child-health conference and the school health services.

Dental inspection or educational services to help children and parents to appreciate the importance of dental care and dental hygiene.

These services are frequently given as part of the prenatal clinic, child-health conference, or school health services.

Nutrition services to guide and assist parents in the selection, purchase, and preparation of foods so that their children may be well fed. The nutrition services are an important part of all the other services that have as their purpose the guidance of parents or children in the promotion of general health.

Other valuable health services for mothers and children that are provided by health departments in a smaller number of communities, include:

Consultation services by specialists in obstetrics and pediatrics.

Nursing assistance to physicians attending deliveries in the home, and nursing care and supervision for mother and baby during the lying-in period.

Special services for premature infants by nursing care and supervision in the home, or by provision for special care in hospitals.

Corrective dental services for school and preschool children and for expectant mothers.

Medical care for the mother when the baby is born and for mother and baby during the lying-in period.

Medical and nursing care for sick children.

Hospital care for mothers who have special need for such care at the time of childbirth.

Hospital care for sick children.

As the result of a need arising directly from the war situation, many States have, within the past year, initiated a special wartime service:

Maternity care for the wives, and pediatric care for the children, of those men in military service who are not commissioned officers.

To aid local health agencies in carrying on their maternal and child-health programs, each State has a maternal and child-health division in the State health department, with a physician in charge of the State-wide program. Public-health nurses, and in many States additional physicians, dentists, nutritionists, and health educators, are on the State health-department staffs to assist the local agencies.

Each State also has a crippled children's agency with facilities for locating crippled children and for giving them medical, surgical, hospital, and aftercare services to aid in their physical restoration and social readjustment. (These services are described in the Children's Bureau publication: Facts About Crippled Children.)

To assist the State and local governments in their programs to promote the health of mothers and children, the Federal Government under the Social Security Act is making available, through the Children's Bureau, $5,820,000 a year for grants to the States for maternal and child-health services. In March 1943 Congress passed an additional appropriation

of $1,200,000 for grants to State health agencies for medical, nursing, and hospital maternity and infant care for the wives and children of enlisted men in the armed forces. The Children's Bureau cooperates with the States in the development of their programs by providing the consultation services of physicians, public-health nurses, and nutritionists on its staff. Through the United States Public Health Service the Federal Government makes available an additional sum of $11,000,000 a year for strengthening State and local public-health organization.

How Well Are Children's Health Needs Being Met?

There are no figures that tell how many children have health needs that are not being met. Studies and surveys have been made in various communities, but since conditions differ from one area to another the results of a study of the children in one community cannot be applied to the children elsewhere. Moreover, different methods and different standards have been used in the various studies, so that the results of one study are often not comparable with the results obtained in another.

It is generally recognized that there are in practically every community families that cannot from their own resources obtain the aid they require to meet their children's health needs. Assistance must be made available to these families if the needs of the children are to be met. How widely is such assistance available? The answer to this question will give an idea of how well children's health needs are being met.

Most of the large cities are generally fairly well provided with health and medical services for children. But of the small cities (10,000 to 25,000 population) one-fourth have no child-health conferences, and nearly one-half have no prenatal clinics. Only 2 percent of cities with less than 10,000 population have an out-patient clinic to which sick children may be sent.

Most of the well-organized health services available for mothers and children in small towns and rural areas are provided by health departments supervised by State health agencies, or, in the case of school services, by school authorities. Outside the cities the health services provided by voluntary agencies are very few. Welfare departments provide some medical care for illness in a number of counties and some county and town boards appoint physicians; but the medical care that is available is often confined to those receiving public relief, is frequently poorly organized or limited in scope, and in many counties is lacking entirely or is of very poor quality.

The number of counties [1] in the United States in which the different health services for mothers and children were provided under the supervision of State health agencies in the year ended June 30, 1942, was as shown in the table on page 9.

[1] Reports cover 2,988 counties in 47 States, the District of Columbia, Alaska, Hawaii, Puerto Rico; no figures are included for Nebraska.

Services	Number of counties
Prenatal clinics, conducted by physicians at least monthly	789
Child-health conferences, conducted by physicians at least monthly	1,047
Examination of school children	1,399
Public-health-nursing service which includes services for mothers and children	2,199
Corrective dental services:	
Maternity	175
Preschool	386
School	633
Home-delivery-nursing services	170
Hospital care:	
For children	37
For mothers at delivery	30

It is obvious from examination of these figures that there are many counties in the United States where there are no health services for mothers and children under supervision of State health departments. Approximately one-third of the counties do not even have a public-health nurse giving maternal and child-health services; in nearly two-thirds of them public-health authorities have not made child-health conferences available. In only a comparatively few counties have health departments provided for medical or hospital care of obstetric patients or of children, or for home-delivery-nursing services.

How Is the War Affecting Mothers and Children?

Rapid increase in civil population in defense areas has created many problems affecting the health of the mothers and children in those areas. Immediate problems relate to housing, water supply, sewerage, milk, malaria prevention, and hospital and clinic facilities. These services are basic to the health of mothers and children.

In addition, special measures to provide maternal and child-health services, including medical and nursing care, are imperative. Serious shortages in maternal and child-health facilities and in medical and nursing personnel available for service to mothers and children exist in many defense areas. Many of the communities affected by the defense program had made little or no provision for maternal and child-health clinics and public-health-nursing service before the emergency and so were ill equipped to care for the increased population. Shortage of obstetric attendants and of doctors and nurses for maternal and child-health conferences is acute in some areas, and hospital facilities for maternity care are often seriously overtaxed and far below standards of safety. The situation is often especially serious for newcomers, who are considered nonresidents and therefore not eligible for public medical care.

There is one large group of mothers and children who are in special need of aid in obtaining health services—a group that exists because of the war, and a group to whom a grateful Nation owes special consideration. These are the mothers and children who have given husbands and fathers to the armed forces. The families of enlisted men receive allowances that can be made to cover their daily needs but leave little or no margin for medical care. Many States have started programs to provide

maternity care and pediatric care for the wives and young children of men in military service below the rank of commissioned officers.

New responsibilities are falling on the shoulders of the Nation's youth. High-school students are engaged in many activities in addition to their regular school work. Some have civilian-defense duties; some are working after school or during vacations on farms, in stores, and in many other types of jobs. Other young people are leaving school to go to work. At 18 the boys are called into the armed forces.

The Nation needs the help of these young people now, but it will also need their work and their strength in the months and years ahead. Their health and vigor must be protected. Measures must be developed for determining the physical fitness of the individual who is entering employment so as to guide him into work commensurate with his capabilities. Measures are needed, too, for control of hours of work and for protecting the health of boys and girls while on the job. There is need for extension of programs for supervision of the health of young people still in school and for assuring them sufficient nourishing food and sufficient opportunity for sleep and recreation.

The war effort need not mean the sacrifice of the health of the young people who are still at home if the steps necessary for their protection are taken.

Is Progress Being Made in Promoting the Health of Children?

Since it is not possible to determine what proportion of the children of the country are in good health, progress in promoting child health can be judged best by studying the proportion of mothers and babies who die each year. For each mother or baby who dies it is safe to assume that there are others whose health is impaired. The mortality figures therefore give an index of general health.

How many mothers die?—The health of the mother is so closely related to that of the baby that any decrease in the maternal mortality rate may be interpreted as a sign of improvement in child health.

During 1941, 7,956 mothers died from causes due directly to pregnancy and childbirth—a rate of 32 deaths of mothers per 10,000 live births. This was 920 fewer deaths than in 1940, when the maternal mortality rate was 38, and 1,195 fewer than in 1939, when the rate was 40.

The 1941 maternal mortality rate was the lowest on record for the United States. There are still, however, far too many maternal deaths. Of the 7,956 deaths of mothers in 1941, 3,034 (38 percent) were due to infections; 2,031 (25 percent), to toxemias of pregnancy; 2,032 (26 percent), to hemorrhage, trauma, or shock; and 859 (11 percent), to other puerperal causes. Abortion was responsible for 1,384 maternal deaths (17 percent), 1,014 with mention of infection and 370 without.

The lowest maternal mortality rate in 1941 was in Montana—16 deaths of mothers per 10,000 live births. Four other States had rates below 20. Twenty-six States had rates between 20 and 29; 9 had rates between 30 and 39; 5 had rates of 40 to 49; and 4 had rates of 50 or higher. The low rates in some States emphasize the fact that further reduction of the National rate is possible.

The maternal mortality rate per 10,000 live births in 1941 was 27 for white mothers and 69 for Negro mothers.

For 1940, the last year for which maternal mortality figures are available by residence of mothers, the maternal mortality rate for women who lived in rural areas was 40, as compared with 36 for women who lived in cities.

How many babies are stillborn?—In 1941, 75,133 infants were stillborn (29.9 per 1,000 live births); in 1940, 73,688 (31.2 per 1,000 live births); in 1939, 72,598 (32.0 per 1,000 live births); and in 1938, 73,467 (32.1 per 1,000 live births). The findings of the Children's Bureau study of stillbirths in hospitals emphasize the importance of good prenatal and delivery care in prevention of stillbirth. More than half (58 percent) of the stillborn infants included in the study died before labor; the remainder (42 percent) died during labor. The causes of death of the stillborn infants who died during labor are similar to those for infants dying during the first day of life.

How many babies die?—In 1941 there were 113,949 deaths in the first year of life. The infant mortality rate for the year was 45 per 1,000 live births. In other words, 1 baby out of every 22 born alive died before his first birthday. The 1941 infant mortality rate was lower than that of any previous year.

Utah set a new all-time low State record with an infant mortality rate of 30. Connecticut and Oregon came next with a rate of 31. Twenty-one States had rates of less than 40 per 1,000 live births; 15 States and the District of Columbia had rates of 40 to 54; 9 had rates of 55 to 69; and 3 had rates of 70 or more. Ten of the 12 States with rates of 55 or higher were Southern States and 2 were Western States.

Since 1915 the trend of the infant mortality rate in the birth-registration area has been downward. The rate in 1915 was 100 as compared with 57 in 1936, 54 in 1937, 51 in 1938, 48 in 1939, 47 in 1940, and 45 in 1941.

The reduction in infant mortality between 1915 and 1941 was due largely to reduction in the rate for infants dying from the second through the twelfth month of life and especially to decreasing mortality from gastrointestinal and communicable diseases.

The death rate of infants under 1 month of age (neonatal mortality) has declined (1915, birth-registration area, 44; 1940, United States, 29), but much less than the general infant mortality rate (1915, 100; 1941, 45). The rate of death on the first day of life has been reduced very little.

The deaths of 67,866 babies occurred in the first month of life in 1940.

Eighty-four percent died as a result of conditions arising before birth or at the time of birth; included in this group are the 46 percent born prematurely and the 15 percent injured at birth. Deaths in the first month of life constituted 61 percent of the deaths in the first year.

How many mothers and babies could be saved?—The low infant and maternal mortality rates and stillbirth rates reported by some States emphasize the fact that further reduction of the National rate is possible. If for each type of mortality the 1941 rate for the country as a whole had been that of the State with the lowest rate for that year, approximately 81,000 lives would have been saved; 4,000 mothers and 39,000 infants would not have died, and 38,000 stillbirths would not have occurred.

What Are the Chances of Survival of Children and Youth?

If a child is born alive and is strong enough to survive the hazards of the first month, his chance of reaching maturity is good. United States preliminary life tables for 1930–39 (United States Bureau of the Census) show that the expectation of life at birth of a white boy baby is 61 years and of a white girl baby is 65 years. Boy babies who survive the first year live, on the average, to the age of 63; girl babies who survive the first year live, on the average, to the age of 67.

Causes of death among persons under 20 years of age in the United States, 1941[1]

Causes of death	Total		Under 1 year	1 to 4 years	5 to 9 years	10 to 14 years	15 to 19 years
	Number	Percent					
All causes	180,787	100.0	113,949	24,302	10,921	10,948	20,667
The 10 leading causes	126,774	70.1	85,613	14,380	6,361	6,884	13,536
Premature birth	33,341	18.4	33,341	.....	.....	.....	.....
Pneumonia (all forms)	19,316	10.7	13,687	3,688	652	551	738
Accidents	20,310	11.2	2,719	4,333	3,347	3,355	6,556
Congenital malformations	13,322	7.4	11,796	895	289	177	165
Diarrhea and enteritis	11,731	6.5	9,220	2,259	135	47	70
Injury at birth	10,889	6.0	10,889	.....	.....	.....	.....
Tuberculosis (all forms)	6,069	3.3	495	1,111	443	763	3,257
Influenza	5,215	2.9	3,042	1,270	288	272	343
Diseases of the heart	3,752	2.1	395	288	580	973	1,516
Appendicitis	2,829	1.6	29	536	627	746	891
All other causes	54,013	29.9	28,336	9,922	4,560	4,064	7,131

[1] Based on data from U. S. Bureau of the Census.

Mortality rates for boys and girls decrease rapidly after the first year until the lowest rate is reached at the age of 11 or 12. From then on the mortality rates increase with each year of age.

Study of the major causes of death of children and young persons throws light on the high incidence and relative importance of certain causes of death. It also gives some indication of the number of children

affected by similar conditions who, though they recover, may have suffered injury to their health.

What Are the Plans for the Days Ahead?

"The war should not be a cause for minimizing the care and protection of children, since they represent the future and symbolize the realization of ideals for which the present generation strives." [2]

Effort to conserve and advance the health of children not only must not be relaxed during wartime but must, indeed, be intensified. Broad outlines for the guidance of such effort during the days ahead have been formulated in several national conferences, such as the White House Conference on Children in a Democracy (1940), the National Nutrition Conference for Defense (1941), and the Children's Bureau Commission on Children in Wartime (1942).

In these conferences representatives of National, State, and local organizations and agencies from all parts of the country reviewed the needs of children, considered the measures by which the needs of all children could best be met, and proposed methods of organization by which such measures could be put into effect.

In the States and in local communities special committees have been organized to put into action the recommendations of these conferences.

The White House Conference on Children in a Democracy met while war was still only a threat, but the members were keenly aware of the meaning to children of the conflict then raging in many parts of the world. The recommendations of the White House Conference included the following:

1. The health and well-being of children depend to a large extent upon the health of all the members of their families. Preventive and curative health service and medical care should be made available to the entire population, rural and urban, in all parts of the country.

2. For all women during maternity and for all newborn infants complete service for maternity care and care of newborn infants should be available through private resources or public funds.

3. For all infants and children preventive and curative medical services should be available, including adequate means for control of communicable disease.

Citizens committees have been organized in a number of the States to follow up the recommendations of the White House Conference. Promotion of health services for mothers and children is an important part of the programs of these committees.

As the threat of war grew closer, the National Nutrition Conference for Defense was called to consider how the Nation might be strengthened through better nutrition of its people. One subsection of this Conference was devoted to consideration of the special needs of mothers and

[2] Final Act, Eighth Pan American Child Congress, May 1942.

children. Now each State and nearly every county has a nutrition committee, organized to carry on the nutrition program.

With shortages and rationing of certain foods a program that offers guidance in the wise selection and use of foods is more than ever important to the well-being of people of all ages, but particularly for growing children.

In August 1942 the Executive Committee of the Children's Bureau Commission on Children in Wartime met to consider methods by which the Children's Charter in Wartime, adopted by the Commission the previous March, could be translated into action. In consultation with the Office of Defense Health and Welfare Services and the Office of Civilian Defense, the Commission adopted A Program of State Action for Our Children in Wartime. Ten measures were listed that each State's program of action should include. The first two pertain to the health of children. They are measures that will assure:

1. Health service and medical and dental care for mothers and for children, including boys and girls in the age groups that may soon be called upon for war production or military service, with special provision as needed for wives and children of servicemen and war workers. These services should be so organized as to overcome or compensate for overcrowding of existing health facilities, shortages in medical and nursing personnel, and difficulties in transportation.

2. Adequate nourishing food for all children during the period of rising costs of living and rationing of food supplies, through such means as nutrition education, school lunches, and low-cost milk.

A Program of State Action outlined certain steps that should be taken to put into operation the recommended measures. These include the following:

Fixing responsibility for planning, coordination, and leadership on some representative State group. Wherever practicable this group should be a committee or subcommittee of the council of defense.

Organization of a representative local committee, when practicable, as part of the local defense council.

Many States and local communities have organized committees or subcommittees of their defense councils to take responsibility for action in behalf of children. In some cases the functions of such committees have been limited to certain specific aspects of child care, but in others they include all matters pertaining to the health and welfare of children.

The function of these various committees is to stimulate and coordinate the activities of the organizations and agencies already serving within the State or local community, and to initiate the development of new services or the expansion of existing services where these are needed. The responsibilities of existing agencies are not lessened; the committees are a means whereby the existing agencies can coordinate their services and adjust them to changing needs.

Health services for mothers and children must be administered by professionally trained personnel, but volunteers working under the di-

rection of professional workers can enable the technically trained staff to serve larger groups effectively. Present shortages of professional workers in the field of maternal and child health make volunteer participation vital if adequate services are to be provided.

Programs for training volunteers in child care have been developed in many communities, chiefly under local councils of civilian defense, and trained volunteers are providing much valuable assistance in maternal and child-health services. Additional training programs need to be developed. Individuals eager to be of use to their country in time of war will find in working with agencies that provide health services for mothers and children opportunities for a real contribution to the strength of the Nation.

Selected Publications

Single copies may be obtained free of charge from the Children's Bureau. Purchase orders should be sent to the Government Printing Office, Washington, D. C.

For additional references send for Selected List of Publications, Children's Bureau, U. S. Department of Labor.

Standards of Child Health, Education, and Social Welfare; based on recommendations of the White House Conference on Children in a Democracy and conclusions of discussion groups. Pub. 287. 21 pp. 1942. 10 cents.

The Child-Health Conference; suggestions for organization and procedure. Pub. 261. 42 pp. 1941. 10 cents.

Maternal and Child-Health Services Under the Social Security Act; development of program, 1936–39. Pub. 259. 109 pp. 1941. 15 cents.

Services for Crippled Children Under the Social Security Act; development of program, 1936–39. Pub. 258. 95 pp. 1941. 15 cents.

Food for Young Children in Group Care. Pub. 285. 34 pp. 1942. 10 cents.

LEAFLETS.

Defense of Children Series: Children Bear the Promise of a Better World. 1942. $3 per 100.

No. 3. Are They Getting the Right Start in Life?
No. 4. Have They the Protection of Proper Food?
No. 5. Are We Defending Their Right to Health?

Facts About Crippled Children. 16 pp. 1943.

State Programs for Care of Children With Rheumatic Fever; under the Social Security Act, title V, part 2. 7 pp. 1943.

Maternity Care for Wives of Men in Military Service and Medical Care for Their Children. 1943.

Standards for Maternity Care and Employment of Mothers in Industry. 4 pp. 1942.

Volunteers in Child Care. Issued by U. S. Office of Civilian Defense with the cooperation of the Children's Bureau and the Office of Defense Health and Welfare Services. 12 pp. 1942.

Protecting the Health of Young Workers in Wartime. Pub. 291. 12 pp. 1943.

Which Jobs for Young Workers?

No. 1. Employment of Young Workers in War Industries. 4 pp. 1942.
No. 3. Advisory Standards for Lead and Lead-Using Industries. 6 pp. 1942.
No. 4. Advisory Standards for Employment Involving Exposure to Carbon Disulfide. 6 pp. 1942.
No. 5. Advisory Standards for Employment Involving Exposure to Chlorinated Solvents. 6 pp. 1943.

Guides to Successful Employment of Non-Farm Youth in Wartime Agriculture. 14 pp. 1943.

BULLETINS FOR PARENTS (folders also available).

Prenatal Care. Pub. 4. 58 pp. Revised 1942. 5 cents.

Infant Care. Pub. 8. 135 pp. Revised 1942. 10 cents.

The Child From One to Six; his care and training. Pub. 30. 150 pp. 1937.

Child Management. Pub. 143. 107 pp. 1937. 10 cents.

Guiding the Adolescent. Pub. 225. 93 pp. 1933. 10 cents.

The Road to Good Nutrition. Pub. 270. 54 pp. 1942. 15 cents.

To Parents in Wartime. Children in Wartime, No. 1. Pub. 282. 20 pp. 1942.

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